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INTEGRATIVE REVIEW OF THE LITERATURE

Representações sociais e hiv/aids: uma revisão integrativa da literatura

Social representations and hiv/aids: an integrative literature review

Representaciones sociales y el vih/sida: una revisión integrada de la literatura

Rebeca Coelho de Moura Angelim ¹, Mariana de Sousa Dantas ², Solange Fátima Geraldo da Costa ³, Maria Eliane Moreira Freire ⁴, Fátima Maria da Silva Abrão ⁵

ABSTRACT

Objective: To investigate issues addressed in the scientific productions available in online journals about HIV/Aids and of social representations during the 2004 to 2014 timeframe. **Method:** It is an integrative literature review. The data collection occurred in October 2014, based on searches in LILACS, BDENF, SCIELO and Index Psi technical and scientific Journals databases. **Results:** The sample consisted of 26 publications whose approach raised three categories: social representations of the HIV/Aids phenomenon; social representations about people living with HIV/Aids; social representations about health care to HIV-positive people. **Conclusion:** The analyzed articles express the importance of social representations in creation processes and changes related to the disease, both for the patients, as well as for professionals and caregivers, who can present different behaviors upon health practices. **Descriptors:** Acquired immunodeficiency syndrome, HIV, Nursing, Social perception.

RESUMO

Objetivo: Investigar as temáticas abordadas nas produções científicas disseminadas em periódicos online acerca do HIV/Aids e das representações sociais, no período de 2004 a 2014. **Método:** Trata-se de uma revisão integrativa da literatura. A coleta dos dados ocorreu no mês de outubro de 2014, mediante busca nas bases de dados LILACS, BDENF, SCIELO e Index Psi Periódicos Técnico-científicos. **Resultados:** A amostra foi constituída por 26 publicações cuja abordagem suscitou três categorias: Representações sociais do fenômeno HIV/Aids; Representações sociais acerca das pessoas que vivem com HIV/Aids; Representações sociais acerca do cuidado em saúde aos soropositivos. **Conclusão:** Os artigos analisados expressam a importância das representações sociais nos processos de concepção e mudanças em relação à doença, tanto para o público atingido, quanto para os profissionais e os cuidadores, que podem apresentar comportamentos distintos frente às práticas de saúde. **Descritores:** Síndrome da imunodeficiência adquirida, HIV, Enfermagem, Percepção social.

RESUMEN

Objetivo: Investigar las cuestiones abordadas en las producciones de revista científica diseminada en línea sobre VIH/SIDA y las representaciones sociales en el período 2004-2014. **Método:** Es una revisión integrativa de la literatura. La recolección de datos se produjo en octubre 2014, mediante de búsquedas en las bases de datos LILACS, BDENF, SCIELO y Índice Psi Revistas técnicas y científicas. **Resultados:** La muestra estuvo constituida por 26 publicaciones cuyo enfoque levantó tres categorías: representaciones sociales del fenómeno del VIH/SIDA; representaciones sociales acerca de las personas que viven con VIH/SIDA; representaciones sociales acerca del cuidado en salud a los pacientes VIH-positivos. **Conclusión:** Los artículos analizados expresan la importancia de las representaciones sociales en procesos de concepción y cambios relacionados con la enfermedad, tanto para el público alcanzado, como para profesionales y cuidadores, que pueden presentar diferentes comportamientos ante las prácticas de salud. **Descriptor:** Síndrome de inmunodeficiencia adquirida, VIH, Enfermería, Percepción social.

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INTRODUCTION

The advent of HIV/AIDS and the high number of deaths at the beginning of the epidemic, have become an emerging public health problem in the world context¹, which led to changes in organizational areas of health. The historical transformations related to HIV/AIDS epidemic occurred through new organization axis of civil society and interaction between collective needs and public policy achievements aimed at coping them.²

On the world scenario, the United Nations National Program data on HIV/AIDS (UNAIDS) highlights that, since 2011 in countries with high disease morbidity and mortality rates, goals and commitments were set including the reduction of HIV/AIDS by sexual transmission and drugs, prevention of new HIV infections among children, elimination of stigma, discrimination, gender inequality, and the strengthening of the therapeutic coverage and availability of resources for people in treatment.³

In Brazil, between the 80s and 90s, with the support of Non-governmental Organizations (NGOs), strategies were created in order to disseminate information on HIV prevention and HIV care alternatives. Over time, the policies against AIDS began to be prioritized and an government interest.⁴ It should be noted that the fight against the disease requires continued funding, execution of the program, availability of serological tests, appropriate surveillance and intervention, as well as the scientific realization research⁵ in several areas of knowledge using some theories to support their studies.

From this perspective, it is emphasized that studies on HIV/AIDS involving the Social Representation Theory (SRT). On the extension of investigations of this kind in Brazil, the country has many examples of contributions to a perspective centered on the problems and characteristics of social reality, enabling the realization of the theory. Therefore, its application focuses reflections on the problems that contemporary societies are facing.⁶

The SRT has aroused the interest of researchers from different areas since it was developed in the 60s. In the context of Nursing, this theory enables the development of research based on significant social phenomenon and facilitates understanding of professional practice across the quality and targeting actions as the research object to be investigated.⁷ In addition, the care practices provided by nurses are an object of representation and the professional group memory.⁸

Considering the importance of disseminating scientific production about HIV/AIDS founded by SRT, the interest in carrying out an integrative literature review has emerged,

aiming to clarify the representational content and the implications of its results. Through representations of different social groups, it can reflect on the practice of care for people living with HIV/AIDS. Based on the foregoing, the aim of this study was to investigate the issues addressed in scientific production disseminated in online journals about HIV/AIDS and social representations, from 2004 to 2014.

METHOD

This study is an integrative literature review, a form of research that enables to condense completed research and take from them considerations of a topic of interest. It requires uniform design of scientific rigor, clarity and criticism of the investigated content.⁹ It is a fundamental tool for the health area, especially for Brazilian Nursing, as the practice is based on scientific evidence to synthesize research related to a topic. It should be conducted systematically in order to reduce biases and errors, particularly in the data analysis phase. To operationalize it, the following steps should be followed: define the guiding question; select the sample associating the criteria for achieving the objective of the study; make a critical analysis of the data; categorize the studies; interpret and discuss the results and present the review or summary of the data obtained.¹⁰ Therefore, the study was guided under the above stages.

The first stage of research was defined from the following question: What are the topics addressed in scientific production about HIV/AIDS and social representations, disseminated in online journals from 2004 to 2014?

To select the sample, the following inclusion criteria were used: full original articles in Portuguese, published in the last ten years (2004-2014) addressing the social representations and HIV/AIDS. Theses and dissertations, publications with duplicity in the electronic portals and the databases, as well as duplicate and incomplete articles were excluded.

Data were collected in October 2014 by searching the databases of the Latin American and Caribbean Health Sciences (LILACS), the Nursing Database (BDENF), Scientific Electronic Library Online (SciELO) and Index Psi Journals Technical-scientific. Therefore, the following combination of keywords were used: "AIDS AND Social Representation", totaling 45 articles. The articles were selected by reading the titles and abstracts by two authors and then compared to ensure the validation of the procedure. The sample consisted of 26 publications that met the criteria established for

the review. Then, data was collected through accurate reading process of the manuscript and selected for the study.

Data collection was using a validated tool that includes the identification of the original article, the methodological characteristics of the study and the evaluation of results found.¹¹ Moreover, in the fourth stage, there was the categorization of studies on the subject of research (HIV/AIDS) and the SRT, which allowed the inference of three categories related to HIV/AIDS, to PVHA and health professional practices, discussed and contextualized as the convergence of aspects related to research in the thematic approach of social representations, constituting an integrative review.

RESULTS AND DISCUSSION

The study sample consisted of 26 articles with the approach of Social Representations and the phenomenon HIV/AIDS disseminated in online journals in 2004-2014.

As for the characterization of the 26 articles included in the sample, the publications are distributed in 19 journals. The Psychology magazine: *theory and practice* was the most watched publishing in the thematic investigated with four articles. It is noteworthy that this journal is a vehicle for the dissemination of knowledge nationally and internationally renowned by CAPES with Qualis A2 for Psychology and B1 to Nursing.

After the survey data, the years 2011, 2009 and 2007 expressed greater number of publications, with four articles published each year. In 2006 and 2008, there were three publications each year. At least one publication on the subject investigated was published in 2004, 2005, 2010, 2012 and 2014. It is highlighted that from 2013, publications on the subject investigated were not identified, as the data collection and inclusion criteria adopted for this integrative review of the literature.

Regarding the educational training of the first author of the articles analyzed, eight are from Nursing, eight are from Psychology, one of Physiotherapy and one of the Dentistry area. These results reveal that despite the SRT have been inserted in psychology, studies of this nature are expanding in healthcare, especially in the area of nursing, as researchers have appropriated more about the subject, when using this theoretical and methodological framework, mainly to explain the HIV/AIDS phenomenon.

Regarding the methodological design of the publications listed for this review, 10 studies followed a qualitative approach, three followed a quantitative and qualitative approach and one reported to be descriptive and exploratory. It is noteworthy that 12 publications did not mention the type of study. In this line, there is evidence entered at level 4 of the collection instrument, characterized by descriptive studies (not experimental) or qualitative approach. With regard to data analysis, it is emphasized that most of the articles used ALCESTE French software (*Analyse par contexte d'um ensemble de segments de texte*) or thematic content analysis technique accounting eight and seven articles respectively in each of these techniques. Besides, it was identified the technique of free evocation in some research.

Regarding the location of the study, it could be seen that seven were conducted specifically in public university hospital, six in other types of public health services, six in educational institutions, three in non-governmental organizations (NGOs) and hospital, one in brothels and the other in an association of truckers. In addition, two studies did not report the study site. It should be noted that all the studies were conducted in Brazil, with a higher concentration in the South and Southeast regions, with ten studies and eleven studies, respectively. The other six articles were performed in the Northeast, thus identifying that in the North and Midwest there has been no study on the social representations and the HIV/AIDS phenomenon.

Regarding the content explored from the integrative literature review proposed in the present study, the analysis of 26 articles was carried out through successive readings, so that the design of state of the art enabled the identification of aspects related to the symbolic constructions around HIV/Aids.

In this perspective, in the contents exposed and extracted from investigated studies, three categories were presented: Social representations of HIV/AIDS phenomenon; Social representations about people living with HIV/AIDS; Social representations of health care to HIV-positive, as explicit in the following Table 1.

Table 1 Summary of the topics identified in the study - Recife, Brazil, in 2014.

1 - Social representations of HIV/AIDS phenomenon	
Objective(s)	Summary of Results
Identify and analyze the content and the structure of social representation of AIDS of workers in a university hospital. ¹²	The meaning of AIDS for these subjects is strongly marked by negative elements, with imagery dimension associated with death and reflects the positioning of the subject by emotions and attitudes as suffering, fear and prejudice.
Compare the social representations about AIDS prevention to sex workers, with and without permanent relationship, and indicate the implications of this for protection against HIV. ¹³	There were three aspects of social representation of AIDS: the first showing it as a disease of “others”; the second defines it as a disease that threatens all who do not use condoms; and the third one, associating AIDS with use of drugs and “suspicious” people.
Understand the social representation that married women in poverty, have about AIDS. ¹⁴	An increased women’s vulnerability to HIV/AIDS was observed, based on social representation that these women have about AIDS, since their perceptions eventually provides them with a

	false sense of immunity because they do not fit within the profile they think having the virus or the disease.
Understand the social representations of AIDS and depression for HIV; and evaluate the prevalence of symptoms of depression. ¹⁵	The data obtained enabled representations of depression and AIDS as a disease that affects the human beings in their entirety, reflecting on various aspects of their life such as quality of life, productivity and social empowerment.
Discuss the implications of the social representations of HIV/AIDS for interpersonal relationships and protection practices among adolescents. ¹⁶	It was observed that the social representation of AIDS is structured around cognitions connected to prevention, revealing a contradiction between the contents of knowledge and practices reported by the group.
Diagnose the structure of the social representation of AIDS in adolescents, and to examine the relationship of that representation with scientific knowledge about AIDS. ¹⁷	The data showed that the representation of aids is composed by the central elements: disease, death, fear, suffering and prejudice, which were also found in previous studies; plus two new elements: prevention and responsibility.
Characterize the social representations (SR) of AIDS and antiretroviral therapy (ART) to HIV-positive patients with treatment adherence, users of public health services in Florianópolis, Santa Catarina. ¹⁸	AIDS is no longer the “disease of the others”, very common among uninfected people, and it becomes the “disease of the world” for people living with HIV.
Identify and describe the images and meanings present in the social representation of AIDS among women assisted in the basic health network. ¹⁹	The result showed that AIDS is a contagious disease that means death and, therefore, is seen as ugly, bad and dangerous, arousing feelings of suffering and fear.
Know the social representations of surgeon-dentists about AIDS, based on the structural approach of social representations, trying to relate them to professional practices. ²⁰	The results showed that “disease” and “prevention” are the center of representation and “sex”, “sadness”, “transmission”, “homosexuality”, “cure”, “drugs”, “discrimination”, “virus”, “care”, “medicine”, “depression”, “contagion” and “promiscuity”, are the peripheral system.
Investigate the social representations of AIDS among adolescents and the representations that they have of what other young people of the same group think. ²¹	The results indicate a representation of AIDS as a social problem, biomedical and related to intimacy. The representation of what other young people think about AIDS also focuses on the biomedical aspect, but differs by linking HIV infection to a lack of concern for the prevention and irresponsibility.
Check the relationship between the symbolic values attributed to the elements of social representation of AIDS, the level of scientific knowledge about HIV and AIDS. ²²	Significant relationships between elements were identified, which showed three characteristic factors as the social representation of AIDS: responsibility before the contagion; fear of contagion consequences; description of AIDS.
Find elements of social representations of AIDS for adults and verify relationships between elements and groups formed from the sociodemographic variables. ²³	There were a total of 28 elements representative of AIDS. The probable ones belonging to the central core were prevention; condoms; disease; transmission; sex; carelessness; fear and suffering. There were also significant associations between groups and the frequency for most elements, so that emotional charge elements were more frequently found among groups of women with lower education and not linked to health.

Analyze social representations of truck drivers about AIDS, HIV transmission and prevention of AIDS. ²⁴	The results showed that the social representations of AIDS were anchored in: “bad disease”, “dangerous disease”, “incurable illness” and “disease that kills”. HIV transmission was related to unprotected sex with sex professionals, gays and contact with contaminated blood; AIDS prevention was represented by the use of condoms in extramarital relationships and wife fidelity.
2 - Social representations about people living with HIV/AIDS	
Objective(s)	Summary of Results
Understand the psychosocial aspects of the experience of seropositivity and its consequences in everyday life. ²⁵	The data allow representations that exceeded the biological aspect and reached the psychosocial aspect. These representations influence and guide the behavior of these social actors in relation to membership, isolation, maintenance of interpersonal relationships and sexual functioning.
Understand the scale of the problem of people living with HIV and AIDS who did not seek the services of the Unified Health System (SUS) for monitoring their health. ²⁶	It was observed that collaborators do not seek the Health Units near their homes fearing to be identified, especially when they know they will certainly find people from their social life for those who did not disclose their HIV diagnosis.
Evaluate the perception of Acquired Immune Deficiency Syndrome and quality of life for HIV-positive for the Human Immunodeficiency Virus. ²⁷	The Acquired Immune Deficiency Syndrome was represented as a disease that can cause numerous psychosocial, professional, family and organic consequences.
Analyze the content and the structure of the social representations of nurses about the person with HIV/AIDS, considering explicit and non-explicit elements (mute zone). ²⁸	The results showed central elements in the representation in normal situation: health education, professional protection and treatment. For replacement, the highlights were: fear, prejudice and homosexuality, which consisted, among others, possible area of mute zone elements.
Characterize the social representations of HIV users about Aids and identify the relationship between these representations and how to face the illness. ²⁹	The results show that AIDS continues arousing representations in this researched universe as a situation that causes breakdowns in everyday life, emerging feelings as prejudice, discrimination, exclusion, which makes the fear of this loneliness in everyday life of those living with the virus, who experience the condition of being HIV positive.
Know the social representations of HIV/AIDS on medication therapy and to analyze the relationship between the perception of the HIV/AIDS about the medication therapy and the motivation to adhere to treatment. ³⁰	The category of analysis allowed to discuss the different facets of adherence to antiretroviral drugs, starting from the representations elaborated by the subjects who do the treatment, which, taking dialogue as a mediator, talk about the hindering aspects and the motivations for managing the treatment.
Understand the influence of social representations of AIDS prevention behaviors of vulnerability to HIV, in conjugal relationship between heterosexual men and women. ³¹	The results showed, through social representations of AIDS, that respondents were careful with people of specific social groups, using the idea of “risk groups”. In addition, respondents related AIDS to fear and sex with dangerous behavior of people.
Identify and describe the content of social representations of HIV/AIDS among people over 50 years old and	The results showed seven categories that explain the definitions and images of HIV/AIDS, ways of transmission and prevention, prejudice and

examine ways of coping used in everyday life. ³²	discrimination, the coping process of seropositivity and the use of antiretroviral.
Check the relationship between the symbolic value attributed to eleven elements of social representation of AIDS descriptors, scientific knowledge level about HIV and AIDS, and the sources of obtaining information about AIDS. ³³	They identified significant relationships between elements, which showed three characteristic factors as the social representation of AIDS: responsibility before the contagion; fear of contagion consequences; description of AIDS. Significant relationships were found between the symbolic value of six elements and four sources of information that corroborated the importance of extra-group communication in the constitution of social representations.
3- Social representations of health care to HIV-positive	
Objective(s)	Summary of Results
Identify the professionals who treat patients seropositive for HIV, the social representations about the care and treatment of the disease. ³⁴	It was noticed that the experience leads the professional to overcome the issues of suffering that AIDS causes and redirect the care and treatment to more subjective aspects. Different academic backgrounds influence the representations of seropositivity, and such representations are related to their professional practice.
Identify and describe the approaches for professional self-protection in the social representation of nursing staff about the nursing care provided to HIV patients. ³⁵	It was observed that the professional self-protection was an important element of care, covering: the use of personal protective equipment; the handling and disposal of sharp equipment; occupational exposure in health care management; and forms of care.
Identify and compare the social representations of nursing care to HIV patients for nursing professionals. ³⁶	Contents of nursing care provided to patients everyday with HIV / AIDS were characterized among the nursing assistants, while the nurses brought content focused on quality of life.
Analyze the social representations of nurses about HIV seropositive children from the relationship established between professionals and children. ³⁷	The results showed that the representation of AIDS and the children's health condition influence the relationship that the professional sets during the care provided. The representation of children as their future present, generating greater psychological distress for nurses.

Category 1 highlights studies on the Social Representations and the HIV/AIDS phenomenon in the health area in the period 2004 to 2014. This category has the highest quantity of studies¹²⁻²⁴ selected for this integrative literature review.

It is noteworthy that among the explicit results in that category, studies^{12,17,19,20,22,23} on the social representations of HIV/AIDS pointed out some negative perceptions about the disease, such as death, fear, suffering and prejudice. Other studies^{13,14,16,21,24} have shown an association with deviant behaviors that increase exposure to HIV infection, especially in individuals considered vulnerable. Also in category 1, a dimension imagery related to the perception of the disease as threatening, the lethal and incurable character was identified in some publications^{13,18,19,20,22,24}, encompassing studies^{19,20,22,24} denoting fear of contagion with the virus and the need for prevention. In addition, a study¹⁵ reveals the implications of AIDS in the general context of life of affected people.

In category 2, social representations are addressed about people living with HIV/AIDS.²⁵⁻³³ Among the publications entered in this category, studies^{25,27,29} describe how the representations determine the conduct of social actors on the phenomenon, as well as some biological and psychosocial effects in people infected by the virus and facing this process in daily life. It is worth emphasizing studies that address social isolation.^{26,28,29,31,32} In the dimensional scope of knowledge, research^{28,30,32,33} focused on the importance of health education, with emphasis on adherence to antiretroviral.

The third category highlights the scientific production of social representations³⁴⁻³⁷ related to the care directed to people living with HIV/AIDS (PVHA). It is worth mentioning the publications relating to nursing care^{35,36,37} and those expressing the need for adequate assistance aimed at providing a better quality of life for these people.^{34,36,37} A study³⁵ pointed professional self-protection as a care element associated with the risk of exposure to the virus.

Initially, about the assimilation of the existence of AIDS, it is important that the social representation has cognitive functions by anchoring meanings, maintaining or creating identities and collective balances from shared judgment or reasoning. Anchoring through the classification and designation makes familiar what is considered strange and intriguing. Thereby, classifying and naming facilitates the interpretation features the motivations that lead to practices and training of people's opinions.³⁸

Therefore, on the existing anchor process to identify the social representations in the context of AIDS, it emphasizes anchoring in chronic diseases in favor of antiretroviral therapy, and the psycho-affective diseases, the main element depression associated with AIDS due the psychological distress evidenced in some HIV-positive.²⁵

Regarding the studies about this review, research conducted with 21 adolescents from the public school system as a result obtained a class associated with the transmission and prevention, emphasized the low protection against the disease. In the case of another study carried out with 22 students from public schools, it addressed the issue of knowledge about HIV/AIDS, finding a low level of knowledge among participants, which identified three factors as characterizing the social representation of AIDS: responsibility to the contagion; fear of the contagion consequences and description of the disease. Factors as illness, fear and condom were more valued, while the sex had the lowest degree of appreciation. On this aspect, identifying the symbolic value of the elements implies the realization of the degree of importance that participants giving the representative elements of the disease.²²

With regard to the negative aspects pointed out in this category, a study¹⁶ conducted with adolescents identified that words like symptom, disease, suffering and death are elements that structure the representation of this group and reflect a negative content, where AIDS is represented as inevitable or an incurable and lethal disease.

In this perspective, another analyzed study showed that adolescents with more scientific knowledge about the disease, most often mentioned the word blood and students who had less scientific knowledge, mentioned the word sorrow. The most

frequent evocation of the blood element indicates greater scientific knowledge of AIDS, because the student broadens their understanding, beyond the pragmatic demands encouraged by the media, where the disease is predominantly treated as a sexual disease that can be protected by condom use. On the other hand, the word sadness indicates another attitude to AIDS than actually a social representation, as is limited in attention to the feelings experienced of the subject disease.¹⁷

The dimension of scientific knowledge is important for increasing preventive measures among adolescents, and determining to increase the knowledge of these students through health education, with approach focused not only on condom use, but also in sexual behavior in general.³⁹

A study⁴⁰ pointed out some weaknesses related to information sources and sexuality, which indicates the vulnerability of adolescents to the risk of infections. In this context, the ideological representations diverge from the behavior of young people who, although they have some knowledge about the importance of care in sexual practice, still have limitations on this approach. Therefore, it is essential to promote health education in the school environment in order to be the place where adolescents spend most of their time and where they usually share experiences.

Besides the above, it should be noted the content of the social representation of AIDS in different populations and identified in three publications^(19,30,33) that express the imagery and attitudinal dimension of the participants, especially the dissemination of the disease and the evolution to death, the presence of feelings of grief, sadness and fear, as discrimination attitudes and prejudice. Research about the social representations of truck drivers about HIV/AIDS articulates the disease with negative aspects, being translated as dangerous, incurable and lethal, denoting the knowledge of the beginning of the epidemic.²⁴

From this perspective, it is shown the image dimensions and attitude linked to representation object, characterized by HIV/AIDS. It is worth mentioning that fear is a feeling that occurs due to anxiety facing danger or a real or imaginary threat.¹⁹ Another signaled aspect, though in a different way, was the prevention of HIV/AIDS discussed among heterosexual men and women maintaining conjugal relationship whose affective-sexual interactions determined unprotected sexual practices at the expense of trust in the relationship.³¹

As for the representation of HIV/AIDS, individuals or communities may feel uncomfortable or attracted to an unfamiliar object, as evidence basic assumptions consensus. It is worth emphasizing that human interaction design representations from expressions of observation language (facts) and logic (abstract symbols). Both are departing from our daily lives and the way we understand and visualize things.³⁸

It is clear that identify the publications in the area of psychology, the profile of studies on social representations and HIV/AIDS was characterized by the knowledge of focus on the phenomenon by individuals belonging to different social groups. From this perspective, social representations are about elements related to the disease, from

attitudinal and imagery dimensions expressed by adolescents, youth and adults, living or not living with HIV/AIDS.

Regarding the social representations about PVHA, the category 2 suggests the meanings about the HIV status. In this sense, a research³² identified some negative representational content characterizing AIDS as a sad, progressive, terrible, cruel and chronic disease.

In this line of thought, the representations of AIDS are presented in a particular way, with negative behaviors associated with coping with the disease, expressed by prejudice and fear related to the virus. It is noteworthy that, the fact that society reject the infected person can cause a conflict in interpersonal relationships. However, it seems to be positive representational dimensions directed to medicine therapy, which support the possibility of extending the lives of these people.⁴¹

Regarding social representations of PVHA, it is emphasized affective and behavioral dimensions, with positive representational features, guided by the presence of bonding, friendship and humanized care between the professional and the sick subject and by setting up AIDS as a chronic disease, not fatal, able to be controlled through medications available for free by government programs. As for the negative feelings, they stood out elements like rejection, death, depression, suicide, prejudice, among others. However, the motivation to adhere to treatment was also explicit, to believe in a positive outcome of therapy.^{41,42}

From the perspective of social representation of AIDS, study included biological and psychosocial aspects, revealing a similarity with scientific knowledge with regard to the AIDS thematic and depression.¹⁵ Two other publications have shown a strong link between these two themes from elements such as despair, fear, distress, disease and death^{15,17} shared by the general public and disseminated by the media at the beginning of the disease. However, prevention and responsibility that have emerged recently in the representation of the disease, insert a more pragmatic issue, with emphasis on prevention campaigns.¹⁷

From this perspective, it is believed that the representations of AIDS are configured from thinking and actions that social groups develop on the disease. Therefore, science produces and provides knowledge and social representations signal the knowledge shared by people about the phenomenon.²²

Based on the perception of seropositive for HIV on AIDS and the quality of life, it AIDS can be identified as a disease that can cause numerous psychosocial, professional, family and organic consequences, reaching the human being in its entirety, and reflecting on various aspects of life such as productivity, social empowerment and quality of life.²⁷

Overall, AIDS history is characterized by the meeting of old and new representations made by PVHA, given that pervade by a context of doubts, uncertainties, achievements, challenges and hopes, marked by the certainty of impending death and the uncertainty of its development process.²⁹

Through a study of people living with HIV who did not seek the Health Units near their homes to monitor their health, it was possible to learn a few reasons that hinder this demand, as the fear of being identified, especially when they know they will certainly find people from their social life for those who did not disclose their HIV diagnosis. Thus, before this fear, these individuals anticipate they will suffer discrimination and stigmatization, consequently fail to take care of their own health and increasing the chance of becoming ill by AIDS.²⁶

From this perspective, another study also found that the social representations of nursing professionals regarding people living with HIV are linked to two important aspects that have direct influence on today's problems, such as discrimination and stigmatization, as previously mentioned. Such aspects corroborate an increase in the suffering of these seropositive individuals with HIV, as well as increased vulnerability.²⁸

The third category presented in this research highlights the scientific production of social representations related to the care of people living with HIV/AIDS over the past decade. Some studies^{35,37} have focused on the process of care for nursing professionals and emphasize improving the quality of life of people affected by the disease. It is worth noting that the process for nursing care requires a systematic and dynamic model⁴³ directed to client's needs, efficiently and based on humanization.⁴⁴ This process aims to provide more comfort and minimize pain, which can be physical, emotional or psychological.

It is noteworthy that, for the preventive measures by health professionals, and converge with health education, there is a concern related to contamination with the virus or process of re-infection, which may lead to therapeutic gaps.⁴⁵ Moreover, the professional practice of self-protection buoyed in social memories about epidemics of infectious diseases experienced by society at different periods, inducing fear of contamination and coping with the disease,⁴⁶ since experiences and current ideas are activated and influenced by experiences and past ideas.³⁸

It should be emphasized that, after three decades of the AIDS epidemic, the discovery of HIV continues to manifest feelings of sadness and fear, beyond the sense of progressive finitude.⁴⁷ On this approach, the health professionals who care for PVHA have an abundance of care to avoid contamination with the virus, and this reaction can interfere in care quality and relate to stigma. Some individual determinants such as the fear of contracting HIV and having to perform duties beyond their capabilities undertake the motivation of health workers.⁴⁸

On HIV/AIDS, it is possible to interpret the practices and the relationship between the environment, people and the social world. The approach of social representations requires a deepening of the investigated object and requires the researcher an analysis and careful interpretation, based on the opinion, in the image and behavior of social groups. In the area of nursing, such studies give meaning to care practices, aspects of the profession and the characteristics of the health-disease process, facilitating the understanding of the links between the subjects and the phenomenon, patients and

multidisciplinary teams, professional the type of care provided and the (re)development of its meaning.⁴⁹

Regarding the social representations of nurses on PVHA, as well as attitudinal dimension expressed about the investigated object, a study³⁷ developed with HIV children identified the dynamic imagery of focused representation for feelings such as sadness, shame, suffering and compassion, which can generate psychological distress for these professionals. In this context, with regard to workers in the health area, the contact with the suffering of PVHA and professional management with the magnitude of the disease can cause emotional wear, enhanced by the presence of clinical complications or death.⁵⁰

It should be noted that the social representations of nurses can be positive by favorable experience in dealing with this disease and mediated by the influence of family and support to clients with HIV/AIDS.⁵¹

Based on the social representations of nursing staff care practices, the study reveals that the representation of nursing assistants essentially involves elements derived from professional practice, such as interpersonal relationships, daily violence suffered by professionals, care modes adopted and their relationships with care. The representation of nurses denotes knowledge reified, whose contents are associated with opportunistic infections, AIDS chronicity and institutional aspects involved in care.³⁶

Given this, it is important to reflect on the nursing care directed to PVHA in order to be a profession with their own scientific knowledge with humanistic and holistic character, which requires overcoming prejudiced acting that may lead to a disqualified assistance. In this perspective, it was possible to observe the existence of a process of change in social representations of AIDS by being able to live with the disease and lower valuation of death.⁴⁶

Among the topic already mentioned in the analyzed studies, it is worth mentioning a research that sought to understand the care of patients seropositive for HIV by surgeon-dentists, which revealed the clinical biomedical character based on disease prevention; terms of image size as homosexuality, cure, drugs, depression, promiscuity; attitudinal/affective expressions: care, discrimination, sorrow; and knowledge: sex, transmission, healing, care, viruses, medicine, infection. This evidence showed duality both referred to values and beliefs, as in everyday professional practices.²⁰

Regarding the social representations of professionals who work directly in the context of AIDS, coming from academic trainings of health and human areas, a study³⁴ revealed that these representations had complexity interface structured, compromising scientific knowledge and common sense, as well as social and contextual values.

Based on the foregoing, publications in the health area, especially nursing, proved to be the highlighted aspect of care. It is known that, through social representations, it is possible to learn more about the changes in the practices of care provided by health professionals, in particular nursing care, given that the assistance provided to PVHA can be changeable according to particular social group and investigation.

In this context, the publication of this review indicate that the representational content is dynamically and can suffer social and cognitive influences by the individuals involved. It is observed also that the care practices addressed in the studies occur at different levels of health care. Therefore, considering the magnitude of the disease, the representations of the AIDS phenomenon can be manifested either positively or negatively, depending on the reality experienced by each individual.

CONCLUSION

Considering the global context of the HIV/AIDS, it is realized the importance of public policies that aim to reduce morbidity and mortality rates and the stigma that accompanies the disease. In this sense, through the Theory of Social Representations, it can be understood the professional practice and the reality of people living with HIV/AIDS and promote reflections derived from common sense about the topic discussed.

In the three categories presented in this study, the social representations about HIV/AIDS indicate weaknesses and potential related to combating the epidemic and involve the rescue of memories, expressions and demonstration of negative behaviors such as prejudice and stigma about the disease. On the other hand, positive behavior exists in relation to antiretroviral therapy and chronic disease. Thus, it was possible to perceive the importance of social representations in design processes and changes about HIV/AIDS, both for the public and reached for professionals and the people who have different behaviors to the disease and to set certain practices.

Thus, considering the points raised in this investigation, it is understood the need to invest in new studies that address the issue in order to cover other areas of knowledge. It is hoped that this research will serve as a subsidy for carrying out different research in the area of social representations regarding the care practice of nurses.

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